

2005-03-31 01:48:51 (GMT)

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|---|----------------------|------------------------|-----------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 09/812,315             |           |
|   | Filing Date          | MARCH 20, 2001         |           |
|   | First Named Inventor | CAROLAN                |           |
|   | Art Unit             | 2182                   |           |
|   | Examiner Name        | FLEMING                |           |
| Total Number of Pages in This Submission  | 18                   | Attorney Docket Number | 2000-0296 |

| ENCLOSURES (Check all that apply)   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>REQUEST FOR CONTINUED EXAMINATION; CREDIT CARD PAYMENT FORM |
| <b>Remarks</b><br>Pursuant to 37 CFR 1.7(a), the enclosed Request for Continued Examination, Terminal Disclaimer and Response to Final Office Action are timely submitted within 3 months of the mailing date of the Office Action dated December 30, 2004.   |   |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | CHARLES A. RATTNER  |          |        |
| Signature    |  |          |        |
| Printed name | CHARLES A. RATTNER  |          |        |
| Date         | MARCH 30, 2005  | Reg. No. | 40,136 |

## CERTIFICATE OF TRANSMISSION/MAILING

|   |   |      |                |
|---|---|------|----------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |   |      |                |
| Signature   |  |      |                |
| Typed or printed name   | CHARLES A. RATTNER (PTO REG. NO 40,136)   | Date | MARCH 30, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/STN17 (12-04v2)

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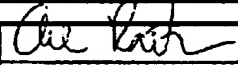
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| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)<br><b>FEE TRANSMITTAL</b><br><b>For FY 2005</b> |  | <b>Complete if Known</b><br>Application Number 09/812,315<br>Filing Date MARCH 20, 2001<br>First Named Inventor CAROLAN<br>Examiner Name FLEMING<br>Art Unit 2182<br>Attorney Docket No. 2000-0296 |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 920.00  |  |  |  |

|  |  |
|--|--|
| <b>METHOD OF PAYMENT (check all that apply)</b><br><input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____<br><input type="checkbox"/> Deposit Account Deposit Account Number 502396 Deposit Account Name AXIOM LEGAL SOLUTIONS<br>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments<br><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |  |
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|   |   |                     |   |                      |   |                       |                              |
|---|---|---------------------|---|----------------------|---|-----------------------|------------------------------|
| <b>FEE CALCULATION</b><br><b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |   |                     |   |                      |   |                       |                              |
|   | <b>FILING FEES</b><br>Application Type Fee (\$) Small Entity Fee (\$) |                     | <b>SEARCH FEES</b><br>Fee (\$) Small Entity Fee (\$)    |                      | <b>EXAMINATION FEES</b><br>Fee (\$) Small Entity Fee (\$) |                       | <b>Fees Paid (\$)</b>        |
| Utility   | 300   | 150                 | 500   | 250                  | 200   | 100                   |                              |
| Design  | 200   | 100                 | 100   | 50                   | 130   | 65                    |                              |
| Plant   | 200   | 100                 | 300   | 150                  | 160   | 80                    |                              |
| Reissue   | 300   | 150                 | 500   | 250                  | 600   | 300                   |                              |
| Provisional   | 200   | 100                 | 0   | 0                    | 0   | 0                     |                              |
| <b>2. EXCESS CLAIM FEES</b>   |   |                     |   |                      |   |                       |                              |
| <b>Fee Description</b>  |   |                     |   |                      |   | <b>Fee (\$)</b>       | <b>Small Entity Fee (\$)</b> |
| Each claim over 20 (including Reissues)   |   |                     |   |                      |   | 50                    | 25                           |
| Each independent claim over 3 (including Reissues)  |   |                     |   |                      |   | 200                   | 100                          |
| Multiple dependent claims   |   |                     |   |                      |   | 360                   | 180                          |
| <b>Total Claims</b>   |   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b>                          |                       |                              |
| - 20 or HP = _____ x _____ = _____  |   |                     |   |                      | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>  |                              |
| HP = highest number of total claims paid for, if greater than 20.   |   |                     |   |                      |   |                       |                              |
| <b>Indep. Claims</b>  |   | <b>Extra Claims</b> | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b> |   |                       |                              |
| - 3 or HP = _____ x _____ = _____   |   |                     |   |                      |   |                       |                              |
| HP = highest number of independent claims paid for, if greater than 3   |   |                     |   |                      |   |                       |                              |
| <b>3. APPLICATION SIZE FEE</b>  |   |                     |   |                      |   |                       |                              |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |   |                     |   |                      |   |                       |                              |
| <b>Total Sheets</b>   |   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                      | <b>Fee (\$)</b>   | <b>Fee Paid (\$)</b>  |                              |
| - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____   |   |                     |   |                      |   |                       |                              |
| <b>4. OTHER FEE(S)</b>  |   |                     |   |                      |   |                       |                              |
| Non-English Specification, \$130 fee (no small entity discount)   |   |                     |   |                      |   | <b>Fees Paid (\$)</b> |                              |
| Other (e.g., late filing surcharge): Fee for Statutory Disclaimer (1.20(d)): Fee for RCE (1.17(e))  |   |                     |   |                      |   | 920.00                |                              |

|   |   |                        |
|---|---|------------------------|
| <b>SUBMITTED BY</b>   |   |                        |
| Signature  | Registration No. 40,136<br>(Attorney/Agent) | Telephone 203.662.9858 |
| Name (Print/Type) CHARLES A. RATTNER  |   | Date MARCH 30, 2005    |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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